



First Quarter 2003

## *Quality is job one!* REPORT CARD

By Andrea Childs, Office of Consumer and Family Support Manager

**Quality is job one!** is a well-known Ford Motor Company slogan. It is also one the Division embraces. Assuring quality service from Division staff and contracted caregivers is an important Division goal. The Division expects high quality service and care from providers and staff as they assist you, the consumers and families, in meeting your goals.

The Division is asking you to "grade" your support coordinator and paid caregivers in the tasks they perform for you and your family. This Report Card will help the Division identify areas for improvement and reinforce what is being done well. Please take a few minutes to complete the Report Cards below and "grade" your support coordinator, caregivers and any associated agency. Use an "A" for excellent through "F" for fail. When you have completed the Report Card, please fold so the Division's address is showing, tape the bottom and right side, place a stamp on it and mail. The Division thanks you in advance for your time and ideas. Contact Andrea Childs, Office of Consumer and Family Support Manager at 602-542-0419 or if you are outside Maricopa County, toll free at 866-229-5553, with any questions.

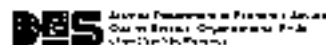
### Caregiver and Agency Report Card

Three columns are available, so you may report on more than one caregiver or agency. Please identify the caregiver or agency by listing their name with the corresponding numbered column on the lines below the Report Card.

| Please grade using an "A" for excellent through "F" for fail (A, B, C, D or F).   |    |    |    |
|---|----|----|----|
| Caregiver and agency  | 1. | 2. | 3. |
| Please identify the type of service or services a caregiver or agency provides by using one or more of the following codes. (H = habilitation, R = respite, and ATC = attendant care) |    |    |    |
| Establishes a good working relationship with the consumer and/or family members.  |    |    |    |
| Communicates well with the consumer and/or family members.  |    |    |    |
| Works to assist the consumer and/or family members to follow through with the Individual Service Plan and program goals and services.   |    |    |    |
| Has knowledge and skills about the consumer's disability and needs that aid the consumer and/or family members.   |    |    |    |
| The paid caregiver respects the consumer's or family's culture, rules, and values and maintains the privacy of the consumer and family members.                                       |    |    |    |
| Demonstrates to the consumer and family members a professional attitude by being on time and following through with all tasks.  |    |    |    |
| Overall, the caregiver has met the expectations of the consumer and/or family members.  |    |    |    |

- Caregiver's name \_\_\_\_\_ and agency's name \_\_\_\_\_
- Caregiver's name \_\_\_\_\_ and agency's name \_\_\_\_\_
- Caregiver's name \_\_\_\_\_ and agency's name \_\_\_\_\_

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Division website [www.de.state.az.us/ddd](http://www.de.state.az.us/ddd).



Continued on reverse

## Support Coordinator Report Card

Please identify support coordinator by listing your support coordinator's name on the line below this Report Card.

Support Coordinator's name \_\_\_\_\_

| Please grade using an "A" for excellent through "F" for fail (A, B, C, D or F).  |  |
|--|--|
| Establishes a good working relationship by returning phone calls within a 24-hour period, having a real interest in the experiences and needs of the consumer and family members and following through with all tasks. |  |
| Involves the consumer and/or family members (including fathers) in the development, planning and implementation of the Individualized Service Plan or Individualized Family Service Plan.                              |  |
| Advocates for the consumers or family members with providers, staff or other community supports and services.  |  |
| Helps the consumer and family members understand other state agencies or services  |  |
| Assists the consumer or family member to be involved in their community if so desired.   |  |
| Respects the consumer's or family's culture, beliefs and values and maintains privacy of the consumer and family.  |  |
| Overall, the support coordinator has met the expectations of the consumer and/or family members.   |  |

**Fold here**

Optional: Information: Your name \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_

If you would like to be contacted, please provide your phone number \_\_\_\_\_

or email address \_\_\_\_\_

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-6825.

**ESPAÑOL  
SOLAMENTE?**  
¿Usted o alguien a quien usted conoce lee solamente español? Llame al 602-542-0419 o 1-866-229-5553 para que le incluyan en la lista de personas que reciben la traducción al español de este boletín.  
Gracias



**Check out our website for past and future newsletter issues [www.de.state.az.us/ddd](http://www.de.state.az.us/ddd)**

**Fold here**

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Place Stamp  
Here

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